MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026453 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6692

FILED JUL 5 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	20	6	p
3			
4	2		
5	0		
6			
7	1		
8	2		
9			
10			
11			
12	77-0		
13			

77

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 5 Yes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 4704 St. Louis
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First George Middle Last Thomas

4. DATE OF DEATH: Month 6 Day 24 Year 63

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 6 April 1920

9. AGE (last birthday): 43

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: LABORER

11. BIRTHPLACE (City and state or country): DALLAS TEXAS

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN THOMAS

13b. MOTHER'S MAIDEN NAME: ANNIE TODD

14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 12-19-41-10-2-45

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT: Dratie Walls Address 4480 Washington

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Renal Disease
DUE TO (c): Probable Chronic Pyelonephritis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 6000.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-20-63 to 6-24-63 and last saw him alive on 6-24-63
Death occurred at 5:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MD

22b. ADDRESS 2601 N. Whittier

22c. DATE SIGNED 6-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 28, 63

23c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks Cemetery

23d. LOCATION (City, town, or county) (State) St Louis Co Mo

24. FUNERAL DIRECTOR ADDRESS Liddell & Sons Funeral Home

25. DATE RECD. BY LOCAL REG. JUN 26 1963

26. REGISTRAR'S SIGNATURE Howard Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________ Student Embalmer No. ________

working under my personal supervision.

Student ______________________________ Signed Herbert T. Yandell
Signature of Student Embalmer

Licensed Embalmer No. 4243

P. O. Address 3 Oakland
Webster Groves Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.